

MULTIPLE-DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576245

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		9				
4						
5	/					
6	/					
7		/				
8		2				
9		1				
10	/					
11	/					
12		2				
13		1				
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
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50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	12	←	9	←		←
TOTAL CLAIMS	16		13			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	←

BEST AVAILABLE COPY